OCPS Assistive Technology Team

434 North Tampa Avenue

Orlando, FL 32805

407-317-3504 Fax 407-317-3526

**Computer Access Information**

Attachment must be completed if the referral to the AT Team is related to student support for accessing the computer.

**Student:\_\_\_ Date:\_\_\_\_**

**Person completing this form: \_\_\_\_\_\_\_\_**

The student is able to use a standard mouse independently and appropriately. ❒Yes ❒No

The student is able to use a standard keyboard independently. ❒Yes ❒No

List concerns:

(If this is a parent request, list their concerns)

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Check all that describes the student:

**Mouse:**

* Does not have the fine motor skills to move a mouse (if checked go to the alternate access section below).
* Can physically move a mouse, but does not understand its function.
* Can move the mouse, but clicks without purpose.
* Can single click appropriately
* Can double click appropriately
* Can right click appropriately
* Can click and drag
* Other concerns about using the mouse. Describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Keyboard:**

* Does not recognize the letters on the keyboard.
* Is unable to find/locate letters on the keyboard.
* Unable to see the letters on the keyboard.
* Accidently hits other keys close to the intended key.
* Gets repeat letters when a key is typed.
* Is unable to press and hold 2 keys at a time (i.e. shift + letter).
* Other concerns:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Alternate Access:**

* Needs access to switches to use the computer.
* May require an alternate mouse.

Describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Additional comments or concerns:**